1.HealthNet Policy Number I038-000-118629482-01 2. Authorization Code:

2.Patient Name ISANKA JAYASEKARA PARAWENI ARACHCHILAGE

3.Patient Date of Birth & Sex 01-02-00(dd/mm/yy) ☑ Male ☐ Female

Mobile No.0569399135

5.Nature of illness or Injury ☐ Acute ☐ Chronic ☐ Emergency

6.Are You the patient's primary physician ☐ Yes ☐ No

7.Presenting Complaints:both flank pain with temderness

8.Duration of Symptoms:

9.Onset of Condition:

10.Relevent Past Medical/Surfgical History

Diagonosisi Unspecified abdominal pain, Unspecified sexually transmitted disease, Dysuria, Fever presenting with conditions classified elsewhere ICD Code R10.9, A64, R30.0, R50.81

12.Etiology:

13.In case of Injury:mode of Injury/place of Injury

14.Plan / Details of Management

a.Procedure(CEFTRIAXONE (AS SODIUM) : 0.5 G) POWDER FOR INJECTION,DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,SODIUM CHLORIDE INTRAVENOUS INFUSION 0.9% W/V B.P,(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.,HIV 1 & 2 ANTIBODIES (HIV 1 & 2 / P24 ANTIGEN), SERUM,HEPATITIS B SURFACE ANTIGEN (HBSAG), SERUM,C-Reactive Protein,Sedimentation Rate Rbc Automated,IV fluid admisitration,Administered intravenously

CPT code2786-107705-1361,0125-122107-1022,2066-111936-1001,0031-149902-1021,9,86703,87340,86140,85652,96360,96365

b.Laboratiry Test:

c.Radiology / Investigations:

15.In Case of Hospitalization: Date of Addmission: Date of Discharge:

16.

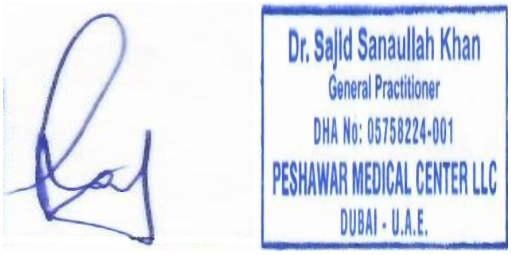
PRESCRIPTION WITH DOSAGE & DURATION

Code	Generic	Dosage	Duration	Instructions
6047-103201-0391	(CIPROFLOXACIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER)	7	Take 1Capsule 2 Time(s) per Day For 7 Day(s) others
6506-931701-1451	(CALCIUM CARBONATE : 125 MG) (VITAMIN C (L-ASCORBIC ACID) : 85 MG) (FERROUS FUMARATE : 82.16 MG) (ZINC GLUCONATE : 69.7 MG) (VITAMIN E (DL-ALPHA TOCOPHERYL ACETATE) : 35.75 MG) (MENAQUINONE-7 : 30 MG) (NICOTINAMIDE : 20 MG) (POTASSIUM IODIDE : 19.6 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 12.16 MG) (PANTOTHENIC ACID (AS D-CALCIUM PANTOTHENATE) : 10.87 MG) (CHOLECALCIFEROL : 4 MG) (THIAMINE HYDROCHLORIDE : 3.36 MG)	CAPSULES (HARD GELATIN) (30S, BLISTER)	10	Take 1Capsule 1Time(s) perDay For 10 Day(s) others

Code	Generic	Dosage	Duration	Instructions
	(CUPRIC CITRATE (COPPER) : 2.84 MG) (RIBOFLAVINE (VITAMIN B2) : 2 MG) (PTEROYLMONOG			
1307-127402-1451	(AZITHROMYCIN : 250 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (6S, BLISTER PACK)	7	Take 2Tablets 2 Time(s) per Day For 7 Day(s) others

Date: 23-12-23(dd/mm/yy)

Signature and Stamp



Doctor's Name Sajid Sanaullah

Physician Code DHA-P-5758224 HNM Code

Authorization

I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above mentioned examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition or medical services and copies of all medical and hospital records.

A Photocopy or teletax copy of this authorization shall be considered effective any valid as the original

Date: 23-12-23(dd/mm/yy) Signature of Insued / Claimint

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)

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HealthNet